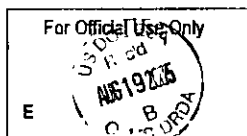


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

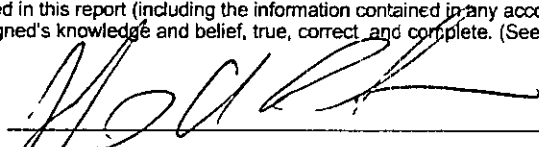
| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. File Number U - 13085 | 2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. Name Jefrey Patoc P.O. Box, Bldg., Room No., if any Street 91-1032 Kuhina Street City Ewa Beach State Hawaii ZIP Code + 4 96706 | 4. Name, file number, and address of labor organization. Name Asbestos Workers AFL-CIO LU 132 Labor Organization File Number 054-642 P.O. Box, Building and Room Number, if any 206 Street 707 Alakea Street City Honolulu State Hawaii ZIP Code + 4 96813 |
| 5. Position in labor organization. Executive Board Officer | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 08/12/05 808-521-6405
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Asbestos workers Of Hawaii Health & Welfare Trust**Trade Name, if any: **Health & Welfare Fund**P.O. Box, Bldg., Room No., if any **625**Street **677 Ala Moana Blvd.**City **Honolulu**State **Hawaii** ZIP Code + 4 **96813-5419**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Labor Board of Trustee. Oversee benefits such as medical, dental, drug, etc in behalf of participants.

Attend quarterly & annual meeting including educational conference.

11.b. Approximate dollar value of such dealing. See attach

12.a. Nature of interest held or income received.

Interest is in behalf of participants too see that improvements are being made and proper procedures are being followed. Food, lodging & airfare is provided and expenses pertaining to business.

12.b. Amount. **\$114.50**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Asbestos Workers Training Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 625

Street 677 Ala Moana Blvd.

City Honolulu

State Hawaii

ZIP Code + 4 96813-5419

9. Business deals with:

XX a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Labor Trustee of the Board & Substitute Instructor. Provide participants in the industry adequate training to be a skilled worker and to defray reasonable expenses of administration cost necessary to obtain employment. Entrance exams.

11.b. Approximate dollar value of such dealing. See Attach

12.a. Nature of interest held or income received.

Instructors Fees - \$944.00

Lost Time Wages - \$246.00

Meetings; \$ 4.00

12.b. Amount.

\$1,194.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

attachment

| ASBESTOS WORKERS | | | | |
|-----------------------|-----------|----------------|------------|----------|
| Information for LM-30 | | | | |
| Union member: | | Patoc, Jeffrey | | |
| Fiscal Year: | | 1/04 - 12/04 | | |
| MEETINGS | | | | |
| FUND | DATE | PLACE | PER PERSON | COMMENTS |
| SPF | 3/4/04 | Fisherman's | \$16.96 | |
| | 5/14/04 | Turtle Bay | \$151.76 | |
| | 8/11/04 | Fisherman's | \$17.26 | |
| | 11/18/04 | Fisherman's | \$20.20 | |
| | subtotal | | \$206.18 | |
| H&W | 3/4/04 | Fisherman's | \$9.42 | |
| | 5/14/04 | Turtle Bay | \$84.28 | |
| | 8/11/04 | Fisherman's | \$9.58 | |
| | 11/13/04 | Fisherman's | \$11.22 | |
| | subtotal | | \$114.50 | |
| Training | 3/4/04 | Fisherman's | \$0.34 | |
| | 5/14/04 | Turtle Bay | \$3.01 | |
| | 8/11/04 | Fisherman's | \$0.34 | |
| | 11/18/04 | Fisherman's | \$0.40 | |
| | subtotal | | \$4.09 | |
| TOTAL | | | \$324.77 | |
| TRAINING | | | | |
| INSTRUCTOR'S FEE | | | | |
| DATE | AMOUNT | PERIOD | | |
| 1/15/2004 | \$500.00 | 8/03-11/03 | | |
| 9/1/2004 | \$246.00 | field test | | |
| 11/1/2004 | \$198.00 | 10/04 | | |
| subtotal | \$944.00 | | | |
| LOST TIME WAGES | | | | |
| DATE | AMOUNT | PERIOD | | |
| 5/14/2004 | \$ 246.00 | exam 3/04 | | |
| subtotal | \$246.00 | | | |
| TOTAL | | \$ | 1,190.00 | |
| RECAP | | | | |
| Meetings | | \$324.77 | | |
| Training | | \$1,190.00 | | |
| TOTAL | | \$1,514.77 | | |